

Health Home Learning Collaborative

InterRAI Child and Youth Mental Health Assessment (ChYMH)

May 20th, 2024

This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid

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Agenda

- Introductions
- InterRAI ChYMH.....Molina
- Questions.....All
 - Coming Up
 - *June 17th, 2024 – Comprehensive Assessment Process – CASH/LOCUS/CALOCUS*
 - *July 15th, 2024 – Risk Stratification*

InterRAI Child and Youth Mental Health Assessment (ChYMH)

- ChYMH Overview
- IHH assistance
- Fundamental Principles of ChYMH
- Key ChYMH items
- Administering the ChYMH
- Administering the ChYMH Adolescent Supplemental
- CASH key reminders
- Questions

ChYMH Overview

ChYMH is completed for individuals who have applied for or on the Children's Mental Health Waiver

Ages 4-18 (**ChYMH adolescent supplement** also completed for ages 12-18)

Assesses key domains of function, mental and physical health, social support, and service use.

Particular items identify those who could benefit from further evaluation of specific problems and risks for decline in health, well-being, or function.

IHH assistance

Scheduling and Preparing for the ChYMH

- Inform and prepare the member/parent/guardian for the interview process and who will be conducting the assessment
- Assist the member/parent/guardian to identify the best informants
- Inform and prepare informants for their role in the ChYMH including the high priority of the ChYMH and its role in person-centered planning
- Assist with coordinating & confirming a date/time for the assessment that allows enough days after the assessment to convene the person-centered team to develop the person-centered service plan in order to submit it on time
- Coordinate & confirm a location
- Document pre-planning discussions with all parties and finalized meeting details
- Provide a reminder to member & informants prior to the meeting date

IHH assistance

**Participating
in the
ChYMH**

Actively listen/participate/observe during the assessment

Aid the member/parent/guardian in participation as appropriate

Help set the tone for the assessment - to be more accepted by the member/parent/guardian/team

Fundamental Principles of the ChYMH



- To complete a comprehensive assessment of the young person with the goal of:
 - Maximizing the member's functional capacity and quality of life
 - Addressing physical and mental health problems
 - Enhancing the young person's level of independence
- To do this requires
 - Identifying psychiatric, functional, medical, and social issues that are current problems or about to become important problems for the young person
 - Identifying strengths and needs
 - Integrating what you see and hear to rate accurately

Administering the ChYMH

1	2	3	4	5
All reassessments must be completed every 365 days at minimum (if completed outside of 365 days must have a documented exception reason) otherwise MCO is at risk of a fine	Member must be contacted no less than 14 days prior to the current assessment end date to schedule reassessment	Reassessment can be completed early due to changes in conditions	All items must be completed (with few exceptions in Section A)	Initial and reassessments occur face to face

Exception to Timeliness Documentation

- Include information on what events may have led to the assessment being late
- Specific dates and types of contacts with member/guardian

Select applicable reason (in bold):

Member Deceased - Requires comment including date deceased

Waiver Closed - IM worker notified - Requires comment including worker notification date

Scheduling Conflicts - Requires comment including information on MCO attempt(s) to schedule

Unable to contact - UTC letter sent - Requires comment including date of unable to contact letter

Member in hospital or NF - Requires comment including date of admission

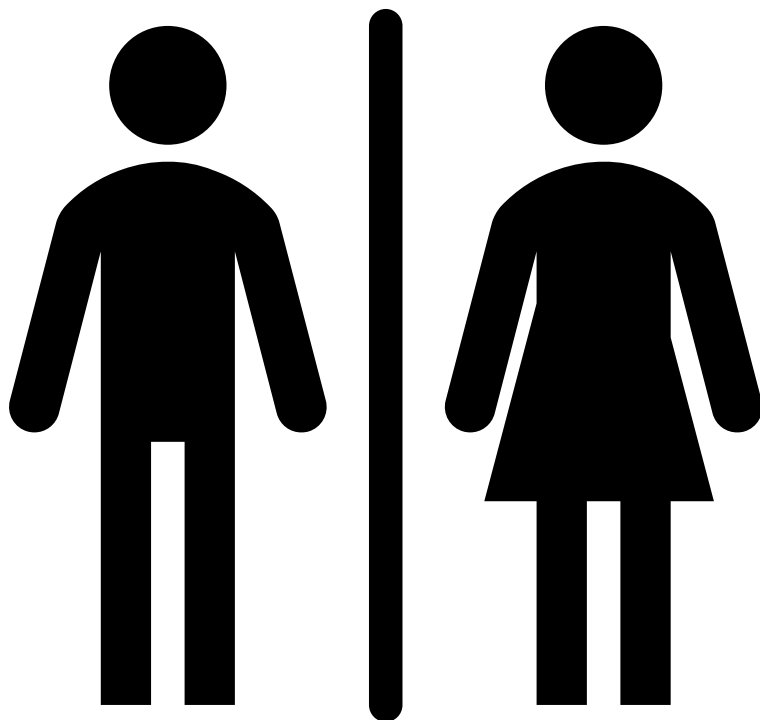
Newly assigned member (within 5 days) - Requires comment including date of assignment

Member refused assessment - IM worker notified - Requires comment including date of worker notification

Member no longer wants waiver services - Requires comment including member notification of process and department notification date

Other - Requires comment that describes the reason for exception including detailed explanation and applicable dates

Section A. Identification Information



- A1. Name
- A2. Sex
- A3. Birthdate
- A4. Numeric Identifiers
 - a. Health Care Identification Number (Medicaid number)
- A7. Reason for Assessment
- A8. Assessment Reference Date
- A9. Expressed goals
- A10. Legal Guardianship
- A11. Current Dispute over Custody or Child/Youth Access:

Section B. Intake and Initial History

B1. Reasons for Admission

B2. Date Case Opened

B4. Primary Language

B5. Interpreter needed

B6. Biological Mother's Age at Time of Child's/Youth's Birth

B8. History of Foster Family Placement (include present placement, if applicable)

B9. History of Care includes Severe Failure to Provide for Basic Needs

B10. Maternal Substance Use during Pregnancy

B11. Child raised with frequent disruptions in care



Section C. Mental State Indicators



- C1. Mental State Indicators Distraction and Hyperactivity
 - Distraction and Hyperactivity
 - Mood Disturbance
 - Anxiety
 - Psychosis
 - Negative Symptoms
 - Other Indicators
- C2. Sleep Problems Related to Hypomania or Mania Child/youth had 24 hr period with less than 2 hrs of sleep caused by increased energy level
- C3. Persistent Behavior Patterns that Hinder Socialization
- C4. Change in Severity or Frequency of psychiatric symptoms compared to 30 days ago, or since last assessment if less than 30 days

Section D. Substance Use or Excessive Behavior



- D1. Social Environment encourages or facilitates abuse of drugs or alcohol
- D2. Uses Caffeine or Energy Drinks
- D3. Smokes Tobacco Daily
- D4. Uses Other Nicotine Product Daily
- D5. Problem Video Gaming and Internet Use in Last 90 Days – Code for disruption caused by child's / youth's usual video gaming / internet use pattern

Section E. Harm to Self and Others

- E1. Self-Injurious ideation or attempt
- E2. Intent of any self-injurious attempt was to kill self
- E3. Other indicators of self-injurious behavior
- E4. Violence
- E5. Extreme Behavior Disturbance
- E6. Other Indicators of Violence
- E7. Child/youth has been known to carry or use weapon(s) in the last year



Section F. Behavior

- FI. Behavior Symptoms
 - a. Verbal abuse
 - b. Physical abuse
 - c. Socially inappropriate or disruptive behavior
 - d. Resists care
 - e. Destructive behavior toward property
 - f. Outburst of anger
 - g. Defiant behavior
 - h. Argumentativeness
 - i. Extreme risk-taking
 - j. Repetitive lying
 - k. Self-injurious behavior
 - l. Regressive behavior
 - m. Excessive or unusual reaction to sensory stimuli
 - n. Inappropriate public sexual behavior or public disrobing



Section F. Behavior

- F2. Evidence of Highly Inappropriate Sexual Knowledge or Excessive Preoccupation with sex in the last 90 days
- F3. Family, Caregiver, Friend or Staff express concern about highly risky or problematic sexual behavior
- F4. Conduct Problems
 - a. Stealing
 - b. Bully Peers
 - c. Elopement attempts/threats
- F5. Child/youth reports that most Recent Elopement Attempt was based on fear for personal safety
- F6. Comparing Behavior at Home and School – In school, behavior is....



Section G. Strengths and Resilience

- G1. Strengths
 - a. Reports having a confidant
 - b. Notable talent
 - c. Good school performance in LAST 6 MONTHS
 - d. School engagement
 - e. Consistent positive outlook
 - f. Strong and supportive relationship with family
 - g. Strong and supportive relationship with friends / peers
 - h. Has at least one friend with whom visits / plays / socializes regularly
 - i. Social inclusion by peers
- G2. Involvement in Structured Activities in Last 90 days
 - a. Extracurricular lessons/classes
 - b. Volunteers
 - c. Organized club or team program

Section H. Cognition and Executive Functioning

- H1. Cognitive skills for daily decision making
- H2. Memory/recall ability
- H3. Adaptability to Change in Routine or Environment
- H4. Executive Functioning



Section I. Independence in Daily Activities

■ II. IADL Self-Performance and Capacity

■ a. Ordinary housework –

Chores such as doing dishes, making bed, tidying up toys

■ b. Phone Use – How calls are made or received (w/asst devices)

■ c. Use of technology – How gets on internet, uses the computer to play games or do homework

■ d. School tasks – How organizes class materials, including homework and school supplies

■ e. Orientation in familiar indoor environment – how moves between classes and orients self at school

■ f. Stairs – How manages full flight of stairs (12-14 steps)





Section I. Independence in Daily Activities

- I2.ADL Self-Performance
 - a. Personal hygiene
 - b. Bathing
 - c. Dressing Upper Body
 - d. Dressing Lower Body
 - e. Locomotion
 - f. Toilet use
 - g. Eating



Section J. Communication

- J1. Making self understood (expression)
- J2. Ability to understand others (comprehension)



Section K. Hearing, Vision, and Motor

- K1. Hearing
- K2. Vision
- K3. Distance vision
- K4. Gross motor skills
- K5. Fine motor skills



Section L. Health Conditions

- L1 Problem frequency
 - a. Dizziness
 - b. Vomiting
 - c. Nausea
 - d. Constipation
 - e. Daytime drowsiness or sedation
 - f. Emergent conditions
 - g. Headache
 - h. Seizures
 - i. Dry mouth
 - j. Hypersalivation or drooling
- L2. Dyspnea (shortness of breath)
- L3. Fatigue
- L4. Pain symptoms
- L5. Extrapyramidal Symptoms during Last 3 Days



Section L. Health Problems

- L6: Elimination Problems
 - a. Daytime enuresis— e.g., urinates in pants
 - b. Night-time enuresis— e.g., urinates in bed
 - c. Encopresis— e.g., defecates in pants



Section M. Family and Social Relations

- M1. Parenting
 - a. Communicates effectively with child / youth
 - b. Assists child / youth with the regulation of emotions
 - c. Uses appropriate disciplinary practices
 - d. Demonstrates warmth and support
 - e. Appropriate supervision and monitoring
 - f. Appropriate limit setting or expectations
- M2. Comfort seeking behavior
- M3. Family activities
- M4. Unpaid supports currently available to family
 - a. Crisis situations
 - b. Financial problems
 - c. Babysitting
 - d. Emotional support
 - e. Respite



Section M. Family and Social Relations

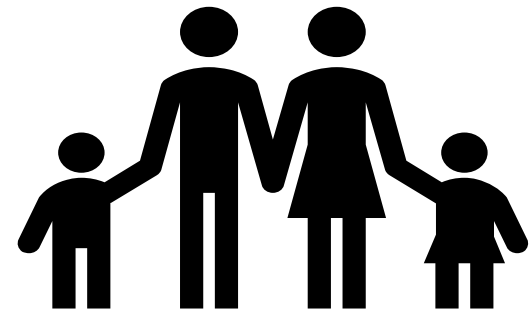
■ M5. Unsettled Relationships

- a. Conflict with or repeated criticism of family
- b. Conflict with or repeated criticism of close friends
- c. Staff report persistent frustration in dealing with child / youth
- d. Family are persistently hostile or critical of child / youth
- e. Friends are persistently hostile or critical of child / youth
- f. Pervasive conflict with peers (EXCLUDE CLOSE FRIENDS)
- g. Conflict or repeated criticism between parents / primary caregivers
- h. Family members report feeling overwhelmed by child's / youth's condition



Section M. Family and Social Relations

- M6. Length of Time without Parental Supervision in Typical 24-hour Period in Usual Residence
- M7. Two Key Caregivers
 - a. Relationship to child / youth
 - b. Lives with child / youth
- M8. Caregiver status
 - a. In school or work full-time
 - b. In school or work part-time
- M9. Peer group includes individuals with persistent antisocial behavior



Section N. Stress and Trauma

- NI. Life Events
 - a. Serious accident or physical impairment
 - b. Death or loss of parent or primary caregiver
 - c. Death or loss of other close family member
 - d. Failed or dropped out of education program
 - e. Immigration, including refugee status
 - f. Lived in war zone or area of violent conflict
 - g. Witnessed severe accident, disaster, terrorism violence, or abuse
 - h. Victim of crime – EXCLUDE ASSAULT
 - i. Victim of sexual assault
 - j. Victim of physical assault or abuse
 - k. Victim of emotional abuse
 - l. Victim of bullying
 - m. Change in legal custodian
 - n. Abandoned by parent(s)/primary caregivers
 - o. Witnessed domestic violence
 - p. Parental addiction or substance abuse
 - q. Lives in neighborhood with pervasive violence or criminal activity



Section N. Stress and Trauma

- N2. Describes one or more of these Life Events (NI) as Invoking a sense of horror or intense fear
- N3. Major Life Stressors for Parents/Primary Caregiver(s) in Last 90 Days
- N4. Family member(s) or other primary caregiver has (have) current developmental or mental health issues
 - a. Parent(s) / primary caregiver
 - b. Sibling(s)
- N6. Finances
- N5. Caregiver Distress
 - a. Parent / primary caregiver is unable or unwilling to continue in caring activities
 - b. Parent / primary caregiver expresses feelings of distress, anger, or depression



Section N. Stress and Trauma

- N7. Child/youth as ever been removed from home by child protection agency or court
- N8. Other Indicators of Abuse Child/Youth
 - a. Fearful of a family member or close acquaintance
 - b. Unexplained bruises or other injuries – e.g., burns, cuts
 - c. Child/youth has concerns for his/her safety
 - d. Family, caregiver, friend, or staff express concern that child/youth is at imminent risk of victimization



Section O. Medications

- O1. List of All Medications [Optional]
- O2. Adherent with medications prescribed by physician
- O3. Child/Youth stopped Taking Psychotropic Medication in Last 90 days because of side effects
- O4. Child/Youth refused to take some or all of prescribed medication in last 3 days
- O5. Parent/Caregiver assists with Medication Use – e.g., provides supervision, administers meds, fills prescriptions
- O6. Allergy to any drug



Section P. Prevention, Service Utilization, Treatments

- P1. Prevention
 - a. dental exam in last year
 - b. immunizations up to date
- P2. Formal Care – contact with formal provider
 - a. Psychiatrist
 - b. Social worker
 - c. Psychologist, psychometrist, psychological associate
 - d. Occupational therapist, physiotherapist
 - e. Behavior therapist
 - f. Recreation, art, music, play therapist
 - g. Registered nurse
 - h. Child / youth counsellor
 - i. Child protection
 - j. Speech language pathologist
 - k. Dietician



Section P. Prevention, Service Utilization, Treatments

- P3. Focus of Interventions
 - a. Life skills training
 - b. Social skills
 - c. Family functioning
 - d. Anger management
 - e. Behavior management
 - f. Crisis intervention
 - g. Family preservation
 - h. Family support
 - i. Medication management
- P4. Treatment modalities
 - a. Individual
 - b. Group
 - c. Family or couple
 - d. Self-help / consumer group



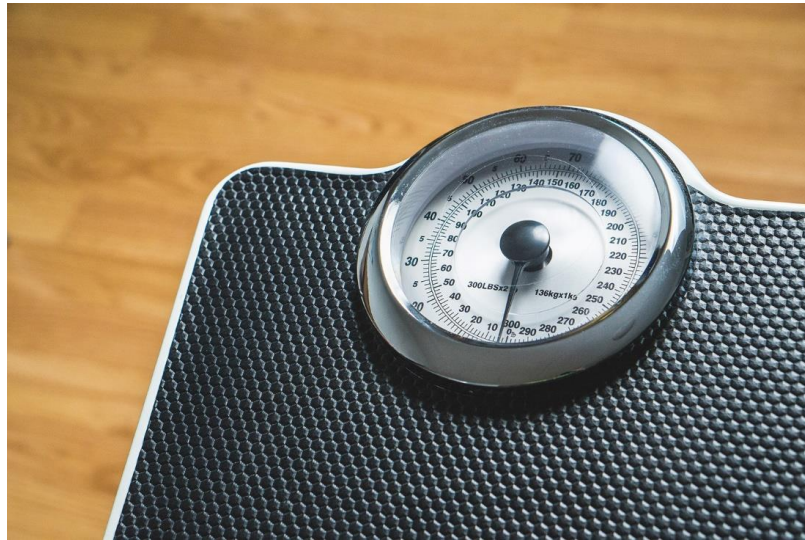
Section P. Prevention, Service Utilization, Treatments

- P5. Case Management– Receives formal care coordination services
- P6. Hospital use, emergency room use, physician visit
- P7. Family is Appropriately Engaged in or Supportive of Treatment Process
- P8. Transition Planning Needed



Section Q. Nutritional Status

- Q1. Family, caregiver, friend, or staff express concern about the child's/youth's weight
 - a. Weight gain
 - b. Weight loss
 - c. Failure to gain weight



Section R. Education

- R1. Enrolled in Formal Education Program
- R2. Education status
- R3. Attendance in school
- R4. Risk of disrupted education in last 90 days
 - a. Increase in lateness or absenteeism
 - b. Poor productivity or disruptiveness at school
 - c. Expresses intent to quit school
 - d. Conflict with school staff
- R5. Strong, persistent dissatisfaction with school
- R6. Current disrupted education
- R7. Last grade completed successfully
- R8. Child/youth assessed for learning disorder in last 3 years
- R9. Overall academic ability





Section S. Environmental Assessment

- SI. Home Environment
 - a. Disrepair of the home
 - b. Squalid condition
 - c. Inadequate heating or cooling
 - d. Lack of personal safety
 - e. Limited access to home or rooms in home

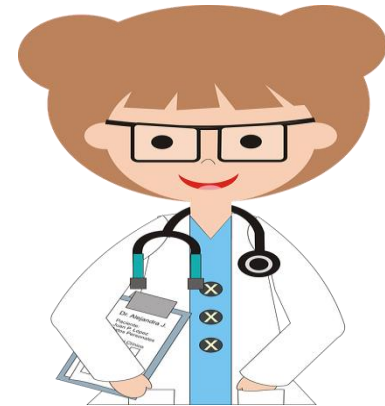
Section T. Diagnostic and Other Health Information

- T1. Global Assessment of Functioning
- T2. Results from prior Test of Intellectual Functioning
- T3. DSM-IV Provisional Diagnostic Category
 - a. Reactive attachment disorder
 - b. Attention deficit hyperactivity disorder
 - c. Disruptive behavior disorder
 - d. Learning or communication disorder
 - e. Autism spectrum disorder
 - f. Substance-related disorders
 - g. Schizophrenia and other psychotic disorders
 - h. Mood disorders
 - i. Anxiety disorders
 - j. Eating disorders
 - k. Sleep disorders
 - l. Adjustment disorders



Section T. Diagnostic and Other Health Information

- T4. Psychiatric Diagnosis
 - *Enter Axis I and II DSM-IV diagnoses, if known. Must be completed on discharge, but also completed on earlier assessments if specific psychiatric diagnosis already determined*
- T5. Medical Diagnosis
 - a. Asthma
 - b. Diabetes mellitus
 - c. Epilepsy or seizure disorders
 - d. Fetal alcohol effects / syndrome
 - e. Migraine
 - f. Traumatic brain injury
 - g. Severe (anaphylactic) allergy — **EXCLUDE MEDICATION ALLERGIES**
- T6. History of Concussion(s)
- T7. Time needed to Recover from any Concussion



Section U. Service Termination

- UI. How long child/youth is expected to receive services from this agency

Section V. Discharge

Section W. Assessment Information



ChYMH Adolescent Supplemental

- A. Identification information
- B. Substance Use or Excessive Behavior
 - B1. Alcohol
 - B2. Number of days in last 30 days consumed alcohol to point of intoxication
 - B3. Time since use of the following substances
 - A. inhalants
 - B. hallucinogens
 - C. cocaine or crack
 - D. stimulants
 - E. opiates
 - F. cannabis
 - B4. Intentional misuse of prescription or other the counter medication in last 90 days
 - B5. Withdrawal symptoms
 - B6. Gambled excessively or uncontrollably in last 90 days
 - B7. Potential signs of eating disorder
 - B8. Sexual activity in last 90 days
 - B9. History of sexual violence or assault as a perpetrator



ChYMH Adolescent Supplemental

- C. Parental Status (Youth as a Parent)
 - C1. Pregnancy, stillbirth, or birth of a child
 - C2. Youth has dependents
 - C3. Involvement of Child Protective Services
- D. Independence of Daily Activities
 - D1. IADL Self-performance and capacity
 - A. managing money
 - B. shopping
 - C. transportation
 - D. meal preparation
 - E. managing medications
 - F. laundry
- E. Prevention, Service Utilization, Treatments
 - D1. Youth is engaged in treatment
 - D2. Focus of interventions
 - A. detoxification or post-detox stabilization
 - B. alcohol or drug treatment, including methadone management



ChYMH Adolescent Supplemental



- F. Strengths
 - F1. Employment arrangements
 - F2. Youth reports strong sense of involvement in community
- G. Mental health and well-being
 - G1. Degree of insight into mental health problem
 - G2. Self-reported mood
 - G3. Self-reported health
 - G4. Self-reported sleep
 - G5. Self-reported weight concerns
 - G6. Youth reports persistent feelings of not belonging
- Section H Assessment Information
 - Signature
 - Date signed as complete

CASH Key Reminders

- CASH need be fully completed with no blanks
- All CASH need a signed signature page to submit for Level of Care
- If a member is doing well at their current level of support, it would be ideal to mention what it would look like if the member didn't have that support in place
- CASH should be completed and submitted by the CSR date

Questions

Resources

**interRAI Child and Youth Mental Health (ChYMH)
Assessment form and User's Manual
for Use with In-patient and Community-Based Assessments
Version 9.3**

Includes:

interRAI Adolescent Supplement (ChYMH –A)

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